BAKER BOTTS LLP

TIME LINDER 27 CER 1 136(a)			Docket Number (Optional)		
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			A34614-	A-PCT-USA-A (0700	
	In re Application of Fisher et al				
	Application Number 10/055,47	5	·	Filed January 22, 20	
	For USE OF MDA-5 AS AN ANTIVIRAL				
	Group Art Unit 1636			ston, Jennifer Ann	
This is a request under the provisions of reply in the above identified application.	37 CFR 1,136(a) to extend th	e period for	filing a		
The requested extension and appropriate (check time period desired):	e non-small-entity fee are as t	follows	·		
One month (37 CFR 1.17(a)(1))		•	\$	
Two months (37 CFR 1.17)	•			\$ <u>4\$0</u>	
Three months (37 CFR 1.17(a)(3))				\$	
Four months (37 CFR 1.17(a)(4))					
Five months (37 CFR 1.17(a)(5))					
Applicant claims small entity stabove is reduced by one-half, and A check in the amount of the fee	tatus. See 37 CFR 1.27. The I the resulting fee is: \$ <u>225</u> is enclosed.	refore, the f	ise amou	RECE	/Fr
Payment by credit card. Form P1	O-2038 is attached.	s in this		CENTRAL FA	CEAR
The Commissioner has already by application to a Deposit Account.	•			1000 -	
The Commissioner is hereby aut or credit any overpayment, to De I have enclosed a duplicate copy	horized to charge any fees wh posit Account Number <u>02-43</u>	nich may be 77	required	JAN 2 4	2005
I am the applicant/inventor					
Statement under	the entire interest. See 37 CFI 37 CFR 3.73(b) is enclosed. (l	R 3.71. Form PTO/S	SB/96).		
attorney or agent of re					
	acting under 37 CFR 1.34(a)	·. ,			
WARNING: Information on this form be included on this form. Provide	orm may become public. Cr e credit card information ar	edit card in anthoriz	nformation on	on should not PTO-2038.	
January 24, 2005					
Date		8ign	ature		
PTO Reg No.: 52,217	Pe	eter J. She			
	. ==-	Type	ed or print	led name	
NOTE: Signatures of all the inventors or assigne forms if more than one signature is required, see	es of record of the entire interest or to below.	their represent	ative(s) are	requirad. Submit multiple	
Total offorms are aubmi]